

To the esteemed members of the Joint Education Committee of the Connecticut State Congress,

Anaphylaxis is a severe allergic reaction that can be triggered by things such as foods, medications, and insects. Food allergy is the most common cause of anaphylaxis in children and affects 1 in 13 children. This disease impacts families across all communities regardless of socioeconomic status and race, and severe allergic reactions must be treated promptly with epinephrine to decrease the risk of death. Early childcare centers need to be prepared to prevent, identify, and treat severe allergic reactions. Such preparedness needs to include stock epinephrine and training for early childcare professionals.

“Stock epinephrine” is epinephrine in the form of an auto-injector that is prescribed by a licensed, prescribing practitioner to an entity to be used by a trained individual to treat anaphylaxis. Legislation permitting stock epinephrine exists in Connecticut Public Act 19-19. Unfortunately, OEC’s current regulations do not allow for maintenance and utilization of stock epinephrine by childcare centers. Although childcare centers are not licensed healthcare professionals, Public Act 19-19 does not require any healthcare experience for those who wish to be trained in stock epinephrine. In fact, it’s critical for laypersons to know how and when to use epinephrine auto-injectors. This is because it’s often a non-medical person who is with a child when anaphylaxis begins and must be treated promptly.

Board-certified allergists know the importance, benefits, and safety of stock epinephrine. Recently, the Journal of Allergy and Clinical Immunology published the article “Prevention and management of allergic reactions to food in childcare centers and schools: Practice guidelines.” This article was written by a team of stakeholders including healthcare providers, school personnel, and parents, and it recommends early childcare centers stock epinephrine and train staff.

As a board-certified allergist who’s worked with hundreds of schools and childcare centers, I whole-heartedly agree with these recommendations. As the Chief Volunteer Physician and Executive Director of Code Ana, my organization and I stand willing to provide guidance to childcare centers who wish to optimize their students’ safety by implementing such policies and procedures and access evidence-based training. It is imperative that OEC’s regulations be updated to reflect current legislation so that early childcare centers can be permitted to be taught to prevent, recognize, and respond to a severe allergic reaction and be trained in the easy, life-saving skill of using an epinephrine auto-injector.

Warm regards,

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